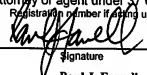


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <p style="text-align: center;"><b>FY 2006</b>  <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i></p>	Docket Number (Optional) <p style="text-align: center;"><b>678-1055 (P10483)</b></p>																								
Application Number <b>10/692,895</b>	Filed <b>October 24, 2003</b>																								
<b>For WIRELESS NETWORK AND METHOD FOR SHARING FLEXIBLE DATA BETWEEN A MASTER...</b>																									
Art Unit <b>2152</b>	Examiner <b>WHIPPLE, Brian P</b>																								
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																									
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: right;">\$ <u>120.00</u></td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$460</td> <td style="text-align: center;">\$230</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1050</td> <td style="text-align: center;">\$525</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1630</td> <td style="text-align: center;">\$815</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2220</td> <td style="text-align: center;">\$1110</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>			<u>Fee</u>	<u>Small Entity Fee</u>		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>120.00</u>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1630	\$815	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2220	\$1110	\$ _____
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-4053</u> . I have enclosed a duplicate copy of this sheet.																									
<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>																									
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <p style="padding-left: 40px;">Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>33,494</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <p style="padding-left: 40px;">Registration number if filing under 37 CFR 1.34 _____</p>																									
 _____ Signature <b>Paul J. Farrell</b> _____ Typed or printed name	7-28-08 _____ Date <b>(516) 228-3565</b> _____ Telephone Number																								
<p><b>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</b></p> <input type="checkbox"/> Total of _____ forms are submitted.																									